

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 5

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

02/01/02

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.625

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -25,140,536 (19,699,011.04)
b. FFY 2003 \$ -34,508,675 (29,603,657.34)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 4.19-B, Page 1
Supplement 1 to Attachment 4.19-B, Page 2
Supplement 1 to Attachment 4.19-B, Page 3
Attachment 4.19-B, Page 149. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Same page, New, 10/01/91, TN# 92-01
Same page, New 10/01/91, TN# 92-01
Same page, New 10/01/91, TN# 92-01
Delete page

10. SUBJECT OF AMENDMENT:

Revision of payment methodology for Medicare Part B coinsurance and deductible.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

March 28, 2002

16. RETURN TO:

Oklahoma Health Care Authority
Attn: Billie Wright
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

29 MARCH 2002

18. DATE APPROVED:

05 JUNE 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01 FEBRUARY 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

* Pen-and-Ink change per Billie Wright on 5-22-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAY RATES – OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicare agency uses the following general method for payment.

1. Payments are limited to State Plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State Plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ____ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR".
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ____ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ____ of this attachment (see 3. above).

Revised 02-01-02
TN# OK-02-05 Approval Date 06-05-02 Effective Date 02-01-02
Supersedes
TN# 92-01

STATE <u>Oklahoma</u>	A
DATE REC'D <u>03-29-02</u>	
DATE APP'VE <u>06-05-02</u>	
DATE EFF. <u>02-01-02</u>	
HCFA 179 <u>OK-02-05</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs:	Part A <u>MR</u>	Deductibles <u>MR</u>	Coinsurance
	Part B <u>SP</u>	Deductibles <u>SP</u>	Coinsurance

Other Medicaid Recipients	Part A <u>MR</u>	Deductibles <u>MR</u>	Coinsurance
	Part B <u>SP</u>	Deductibles <u>SP</u>	Coinsurance

Dual Eligible (QMB Plus)	Part A <u>MR</u>	Deductibles <u>MR</u>	Coinsurance
	Part B <u>SP</u>	Deductibles <u>SP</u>	Coinsurance

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Payment of Deductible and Coinsurance for Medicare Part B Claims

1. Payment of Deductible and Coinsurance for medicare Part B Claims

Payment is made at Medicaid allowable for Part B coinsurance and deductible claims.

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